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PUBLIC HEALTH NURSING AND TUBERCULOSIS

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"Every nation has the tuberculosis which it deserves; and, at the end of the twentieth century, the social qualities of peoples will be judged by their relation to tuberculosis." This assertion of Dr. Pannwitz, striking as it was when made under the normal conditions of nine years ago, acquires new meaning and added significance in the light of today's world war.

In years to come, the staggering death toll of this war and its myriads of maimed survivors, victims of its instruments of Satanic invention, will not constitute the only outstanding features of human havoc. Second only to these will be the unparalleled development of tuberculosis at the front and its growth among the civil population.

Perhaps one of the safest guesses as to when the *war will end* is that of Dr. Osler, who says, "In 1935." By that time he believes that the tuberculosis scourge resulting from the war will be under hopeful control. This conclusion is justified only in so far as we utilize every known agency of skill and knowledge to combat it in camp and at the battle front and, as an even more necessary premise, recognize and effectively cope with the problem at home, where all predisposing conditions will be so emphasized during the war period as to add greatly to its increase in almost every community. This constitutes one of the greatest public health problems that will confront us during the war, and for a greater or less number of years thereafter, according to the intelligence and devotion with which we handle it now.

Fifteen years ago the ranks of the professional nurse were filled to overflowing. Today, though we are graduating hundreds each year from our training schools, we are failing to meet the demand in almost every avenue of need **except that of private nursing**. This is due to the marvelous development in recent years of the public health movement, as a result of which philanthropic and charitable organizations, industrial plants and civic agencies are calling for nurses in increasing numbers each year. This gives the individual nurse great range of choice for the exercise of her activities, so that the law of demand and supply has become a more or less serious question.

In the case of tuberculosis institutions and, in fact, the whole field of tuberculosis work, this matter of nursing service has become serious and pressing. The public health movement today owes its present vital recognition to the tuberculosis movement, which was the pioneer in public health work. Through years of patient effort it was demonstrated that

tuberculosis, the most dreaded because the least understood disease, could not only be cured but the spread of infection be prevented, by the segregation of active cases, by surrounding people with good living and working conditions, feeding them adequately and giving children proper care from birth through school and early working years.

It was further learned that these safe-guards from the inroads of tuberculosis automatically raise the standards of health and living and work to a distinct economic advantage for the family and the community. From this experience as a basis there evolved the various public health movements now so firmly established, good housing, child welfare, mental hygiene, home and school nursing, with the more recent extensions to medical social service and industrial nursing.

These newer fields have proved a great attraction to the better class of nurse, luring her into some one of their specialized lines with the promise of more variety than tuberculosis work affords, and perhaps more leisure and greater educational opportunities. How utterly false this conception is, is evident when we fully realize that to do tuberculosis nursing with intelligence and success one must know every one of these other fields with a fair degree of thoroughness.

In addition to this drawing power of attraction in other fields, the ignorance and misconception of the average nurse graduating from our training schools, regarding tuberculosis nursing, is a deterrent of considerable force. This is a condition for which the nurse cannot be held responsible. The practice of excluding the tuberculous case from the general hospital, a practice without justification more than would exist for the exclusion of a typhoid case, since the methods of successful treatment and control of each are equally well understood, has confined the knowledge of the nurse in training almost entirely to the theory of tuberculosis and has prevented her coming into actual, practical contact with the disease. In fact, the trend of much of the educational work has been to inspire fear in the minds of the public, of the nurse and even of the physician. Many times physicians have been known to advise nurses to abandon tuberculosis work because of the supposed danger of contracting the disease. On the contrary, so far as tuberculosis infection is concerned, no safer place can be found than a well-operated tuberculosis hospital. Much could be done to overcome unfounded fear and prejudice by making tuberculosis education a compulsory feature of the medical school curriculum and by affording nurses in training opportunity for first hand contact with practical tuberculosis work and by further requiring all nurses entering public health work to take training in tuberculosis work. After due allowance has been made for all the aforementioned factors, the theory most frequently advanced to account for the deflections from the ranks of tuberculosis nursing is the monotonous character of the work. For this in-

dictment it is idle to spend time seeking an alibi, since every case of tuberculosis requires from months to years of unremitting care. But while freely, even cheerfully, admitting this charge, we see a practical, hopeful method of meeting it, a method which we will offer later. Off-setting this drawback of monotony must be ranged the great need presented by the magnitude of the problem and that "spirit of service" which always has been and always must be the motive power in public health nursing.

Viewing this tuberculosis problem from its least formidable aspect, mortality, we find it ranking first in the diseases that make up the world's death toll. For the world, the tuberculosis ratio is one death in ten; for the United States, one in seven. Great Britain, the most effective combatant of tuberculosis, contributed 50,000 deaths to the total last year. In connection with these mortality rates, it is estimated that for every recorded death from tuberculosis there are five other people who have the disease, and some authorities double this number. While these mortality facts are indicative of the magnitude of the problem, they fail to emphasize it sufficiently. As an indicator of the public health, tuberculosis may be said to be almost a thermometer in registering community resistance. We begin to appreciate the real importance of the problem only when we realize that tuberculosis is a wide-spread infection, kept under control in the individual as long as conditions are favorable to high resistance in the body; and in the community, as long as good sanitary and hygienic standards are maintained. Resistance, however, has very definite limits. All experience shows that anyone can contract tuberculosis provided only that infection in large enough doses is repeated often enough. The careless consumptive can spread it under any conditions, however good.

The passing years have also taught that the tuberculosis problem is complicated by numberless factors having their sources in the social organization of our urban centers so that the problem cannot be regarded as a purely medical or nursing question. It is one of much greater scope, touching all fields of public welfare, and is so closely related to all problems of charity, and philanthropy, as to make it well nigh impossible to decide when it is the cause and when the effect of a given condition. Dr. Laquer of Wiesbaden observes, "The fight against tuberculosis has strengthened the social sense of the people and its leaders, and has set fresh goals for altruism. Every improved and cured tuberculosis subject becomes a propagandist of social doctrines." Of the nurse's part in this Dr. James Alexander Miller says, "The trained nurse who has the energy, interest and ability necessary for tuberculosis work can do much more than any physician toward ascertaining the exact condition of affairs and correcting the evils existing in the homes of tuberculosis patients. And furthermore, in no other way can this work be at all complete and satis-

factory to the physician, to the patient, or to the community."

Big as this problem looms in normal times, we are facing a greatly enlarged problem in the present war crisis. With the declaration of war but a few months' old, almost every branch of public welfare work is beginning to feel the pinch financially, through the deflection of funds to war activities or other avenues suggested by anticipated new conditions. Curtailment where the control and prevention of disease is involved, is a short-sighted policy that calls for vigorous, effective challenge by all workers in the social service field. Wakening the people to a full sense of their responsibility to maintain every form of public welfare work at a high standard of efficiency is a patriotic duty, perhaps less conspicuous and less likely to be commended but certainly more urgent than any other type of service we can offer our country at this hour.

To further complicate the problem, legislatures throughout the country are being urged, successfully in some quarters, to let down the bars of protection of industrial workers: men, women and children. The raising of an army compels the employment in industry, to some extent, of untrained and undertrained labor. Any retroactive legislation means inevitably a resort to speeding up processes in industry resulting in more accidents, overwork, less thought for the workers' physical condition, all heavy contributions to the breaking down of his resistance to tuberculosis. Eventually, with the calling out of men, many mothers will go into industry. This means more bottle-fed babies, less attention to proper family feeding and the establishment of irregular family life. During this period the high cost of foodstuffs, linked with our almost universal ignorance of food values and relaxation in food inspection, will make the under-nourishment problem a serious one. Over-crowding, due to concentration at munition and war supply factories, and economic conditions forcing families into smaller living quarters and congested districts, will enlarge the housing problem. All these conditions will produce strain and will so lower resistance that old infections will break into new activity.

What will the camp and the battlefield contribute to the tuberculosis problem? With the exception of England, and, to a lesser extent, Germany, data from the warring nations show that tuberculosis has developed by leaps and bounds among the men at the front. France, at the end of December, 1915, had returned to their homes 86,000 soldiers with active tuberculosis. It is estimated that if war were to terminate at once, France would have not far from one-half million cases to deal with. Our problem could not be quite so appalling because of our years of preventive work, the better standard of living maintained, and our shorter war period. Dr. Osler says, "In the majority of cases the germ enlisted with the soldiers. In very few cases is it contracted from the billets or barracks. Its development is due to long physical strain and lowered resistance." Let us

also not forget that it is possible for the wounded man to attain the maximum of efficiency rapidly, while the tubercular soldier is disabled for years.

All these conditions and the fact that the Red Cross and the Army will draw upon the present corps of trained nurses force us to give earnest constructive consideration to the question of how best adequately to supplement the ranks of the workers. For tuberculosis nursing work we believe this need could be substantially met by a corps of nurses' aides or trained attendants. These attendants could very efficiently do the routine work of keeping the hospital in a sanitary condition, bathe and serve patients and, in fact, do all work not requiring professional skill and insight. In the field they could relieve the trained nurse of much of the home nursing care, see that hygienic and sanitary rules are followed, that proper food, well prepared, is provided for the convalescent, note suspected cases and do all the necessary follow-up work that now makes such drafts upon the time and energy of the tuberculosis nurse. All this work of attendants, both in the hospital and the field, would necessarily be done under the supervision of the nurse. Such an arrangement would almost wholly eliminate the monotonous feature of tuberculosis work for the nurse and at the same time release her to engage in the larger aspects of the work, such as organization and supervision. The tuberculosis hospital affords an ideal place for just such training as these attendants should have, it is an immediately available training school and gives assurance that the work of training would be mutually advantageous, by augmenting a staff of trained workers in a needy field and by creating a new field of ability for a group not able to qualify for professional work but adapted for such a niche in welfare work.

Further valuable assistance in tuberculosis work can be rendered by the volunteer lay worker. The need for their services in their own community will be greater than at any other post. With the background they may acquire by taking some of the courses on hygiene and social service, now being offered by our universities, or even working under expert supervision without special training, they would prove an asset of great value in this period of pressing need.

It is, therefore, evident that from whatever point it is viewed, tuberculosis work and nursing take first rank in importance in the public health movement, offer the widest possible field for the exercise of the best nurses' talents, and call for the devoted service of a host of physicians, nurses, aides and volunteers, if its anticipated growth in the next few years is to be coped with adequately. It is possible to make the movement for its control as unparalleled as its spread, and in the distribution of rewards for patriotic service, high on the same roll of honor with those who nursed the sick soldiers at the front should be the names of the nurses whose patriotic services prevented the increase of tuberculosis at home.